STANDARD CERTIFICATE OF DEATH STATE FILE NAME 21 1953 RES. DIST. NO. 3/7 PRIMARY RES. DIST. NO. 3/1 PRIMARY RES. DIST. NO. 5/1 PRIMARY RE	. No. 300	F N			DIVISION OF HE					100	19 =
BIRTH NO. PRIMARY REC. DIST. NO. 3/2 PRIMARY REC. DIST. NO. 3/2 A Control of Part I account of Part	. /10.48	Curo MAD 9 -	1050	STAN	IDARD CERTII	FICATE OF D	EATH	State	File No	160	70
LPLACE OF DEATH COUNTY ST.LOUIS COUNTY		,	1953	REG. DI	ST. NO. 3/7	PRIMARY REG. DI	ST. NO5	AO Regi	etrar's NoA	793	
D. CITY (II contains sergournee United. STATAL and give tromballs) D. CITY (III contains sergournee United. STATAL and give tromballs) TOWN CIPYER (Copulty, Mo., streams) STATAL (Month) D. CITY (III contains sergournee United. STATAL and give tromballs) TOWN CIPYER (Copulty, Mo., streams) D. CITY (III contains sergournee United. streams) D. CITY (III contains sergournee) D. ACT (II		1. PLACE OF DEA	\TH			2. USUAL RES		Where decessed I	ved. If institu		
TOWN Creve (Coeurs, Mo., servaled) of the control o	00	a. COUNTY S	r.LOUIS_								(noission)
Carry of Print Margarist	4.	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF TOWN Creve (Coeur,, Mo., township)									
Carry of Print Margarist	CORI	HOSPITAL OR TEARLETERS WITTED THE TICKEN				d. STREET ADDRESS	5414 Del	mar Blv	ą.,	/	
John Prime Stark Mary Prime. None. Social Security Transport date of service) No. Mrs. Lamiza Lambert, 6033 Clemens Ave, None. None. Mrs. Lamiza Lambert, 6033 Clemens Ave, None. None			- •	1	b. (Middle)		ĸ.	1 05			
John Prime Stark Mary Prime. None. Social Security Transport date of service) No. Mrs. Lamiza Lambert, 6033 Clemens Ave, None. None. Mrs. Lamiza Lambert, 6033 Clemens Ave, None. None	NEN	5, SEX / 6.		7. MARRIE WIDOWI Sin	D. NEVER MARRIED. ED. DIVORCED (Specify)	1	-	last birthday)	F UNDER 1	TAR IF SHOEN	
John Prime Stark Mary Prime. None. Social Security Transport date of service) No. Mrs. Lamiza Lambert, 6033 Clemens Ave, None. None. Mrs. Lamiza Lambert, 6033 Clemens Ave, None. None	ERMA	10a. USUAL OCCUPATIOn done during most of working SCHOOL Teach	ON (Give kind of work nailfe, even if retired) Cher	10b. KIND	OF BUSINESS OR IN-	11. BIRTHPLACE	(City and Stat		,,,	COUNTRY	FWHAT
JOHN Primm Stark Mary Primm Stark Mary Primm Stark Mary Primm Stark Mary Primm Stark Mary Primm Stark Mary Primm Stark Mary Primm Stark Mary Primm None Mrs. Lamiza Lambert, 6033 Clemens Ave, Mrs. Lamiza Lambert, 6033 Clemens Ave		13a. FATHER'S NAME	3	13	b. MOTHER'S MAIDEN						
MEDICAL CERTIFICATION MITTERVILLE MITTERVILLE MEDICAL CERTIFICATION MITTERVILLE MATCH 1948 MITTERVILLE MATCH 1948 MITTERVILLE MATCH 1948 METHOD LOCAL MATCH 1949 METHOD LOCAL MATCH 1948 MITTERVILLE MORE LOCAL MATCH 1949 METHOD LOCAL MATCH 1949 MATCH 1949 METHOD LOCAL MATCH 1949	,	John J	Primm Star	k	Mary Prim						
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Enter only one course per line for (a), (b), and (c) This does not mean the mode of dying, such as heart fallure, asthenia, to the above crosse (a) stating for (a) stating f	K	- No	no.					t, 6033	Clemen		<u></u>
This does not meen the mode of dying, such as heart failure, as them is to the doese cause (a) stating its to the doese cause (a) stating the underlying cause last. DUE TO (b) Last infarction DUE TO (c) Last infarction March 10, 1953 DUE	INK	Enter only one course per 1. DISEASE OR CONDITION								ONSET AND D	DEATH
Advised conditions, 19 day, grand, the size to the doce course (a) stating the underlying cause less. Due to (c) Last infarction March 10, 1953 11. Other significant conditions 1: E AC 9 Obtaining the underlying cause less. Due to (c) Last infarction March 10, 1953 11. Other significant conditions 1: E AC 9 Obtaining the underlying cause less. Obtaining the underlying cause less. Due to (c) Last infarction March 10, 1953 11. Other significant conditions 1: E AC 9 Obtaining the underlying cause less. Obtaining	ļ	the mode of dying, such as heart failure, asthenia, etc. It means the distance of the underlying cause last. Morbid conditions, if any, gising, DUE TO (b) Infarction Last infarction March 10, 1953								Since 1	949
C. It means the discussion of complicion to the death. Due to (c) Last infarction March 10, 1953 II. OTHER SIGNIFICANT CONDITIONS 1: E 10 Conditions contributing to the death but not related to the discuss or condition counting death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (s.g., in or about bome, farm, fastory, street, office bidge, onto 19 Country) 21a. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (s.g., in or about bome, farm, fastory, street, office bidge, onto 19 Country) 21d. Time (Moenth) (Day) (Tear) (Boar) 21e. INJURY OCCURRED WHILE AT WORK 10 AT WORK 1	∢ !										:
tion which caused death. In other Significant Conditions contributing to the death but not related to the disease or condition counting death. 19a. DATE OF OPERA-	· ' [; .
21a. ACCIDENT SUICIDE SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 1 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22d. Thereby certify that I attended the deceased from 1928 19 to March 11 19 53, that I last saw the deceased alive on March 4 19 53, and that death occurred at 7:00 am., from the causes and on the date stated above. 23a. SIGNATURE (December) 23b. DATE 24c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City, town, or county) (State) 12d. DATE REGISTRAR'S SIGNATURE 25c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BIGNATURE ADDRESS BLUE ADDRESS ADDRESS ADDRESS ADDRESS BLUE ADDRESS ADDRESS ADDRESS BLUE ADDRESS ADDRESS BLUE ADDRESS B	NG	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Let & F. A. C. 9. 5 . F. C.									
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Z3a. SIGNATURE (Degree or title) Z3b. ADDRESS Z3c. DATE SIGNED 3/12/53 Z4a. BURIAL. CREMA- TION, REMOVAL (Reposity) UTOMB ticn. 3/13/53. Oak Grove Crematory. DATE RECD BY LOCAL REGISTRAR'S SIGNATURE Z5. FUNERAL DIRECTOR'S SIGNATURE Z6. NAME OF CEMETERY OR CREMATORY, 24d. LOCATION (City, town, or county) (State). Z5. FUNERAL DIRECTOR'S SIGNATURE Z6. DATE SIGNED 3/12/53 C.R. Lupton & Sons; 7233 Delmar Blvd.	INLY	22. I hereby certify that I attended the deceased from 1928, 19, 19, to March 11,e19 53, that I last saw the deceased alive on March 4, 1953, and that ideath occurred at 7:00 am., from the causes and on the date stated above.									
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(Licensed Embalmer's Statement on Reverse Side)		DATE REC'D BY LOCAL	REGISTRAR'S	JA R	Daruh -M.						.vd.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by working under my personal supervision.

Licensed Embalmer, No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.